

# PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

or **Fax** (571) 273-2885

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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09/07/2007

**FISH & RICHARDSON P.C.  
P.O. Box 1022  
Minneapolis, MN 55440-1022**

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Cecilia Tobin</b>	(Depositor's name)
<b>Filed Electronically</b>	(Signature)
<b>September 25, 2007</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,277	11/14/2003	Mina Theodore Corneio	21800-005901	7510

TITLE OF INVENTION: OCULAR PRESSURE REGULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/07/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HAND, MELANIE JO	3761	604-009000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. **Fred C. Hernandez**

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Transcend Medical, Inc.

Menlo Park, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies \_\_\_\_\_ \$ \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or; the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature) \_\_\_\_\_

(Date) September 25, 2007

Typed or Printed Name Fred C. Hernandez

Registration No. 41,832

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450,

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TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :	Minas Theodore Coroneo	Art Unit	:	3761
Serial No. :	10/712,277	Examiner	:	Melanie Jo Hand
Filed :	November 14, 2003	Confirmation No.	:	7510
		Notice of Allowance Date:	September 7, 2007	
Title :	OCULAR PRESSURE REGULATION			

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

In response to the Notice of Allowance mailed September 7, 2007, transmitted herewith are a completed issue fee transmittal form PTOL-85b and three (3) sheets of formal drawings. Please charge to Deposit Account No. 06-1050 \$1015.00 for the required issue fee and publication fee, including an advance order of five (5) patent copies. Please also apply any additional fees that may be due in connection with filing this paper, or with this application during its entire pendency to our Deposit Account No. 06-1050. Entry and consideration of the following remarks are respectfully requested.

Applicant recognizes that in accordance with M.P.E.P. § 1302.14, the Examiner's reasons for allowance need not set forth all of the details as to why the claims are allowed. In the above-referenced application, Applicant does not concede that the Examiner's stated reasons for allowance are the only reasons for which the claims are allowable. Furthermore, the claims may be patentable for other reasons. In addition, dependent claims 2 – 9 and 23 – 26 are allowable on their own merits, and are allowable on the basis of a sub-combination of the recited features of

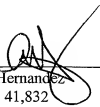
Applicant : Minas Theodore Coroneo  
Serial No. : 10/712,277  
Filed : November 14, 2003  
Page : 2 of 2

Attorney's Docket No.: 21800-005001 / 20231-006001  
(Q78501)

the dependent claims and their respective base claims.

Respectfully submitted,

Date: September 25, 2007



Fred C. Hernandez  
Reg. No. 41,832

**PTO CUSTOMER NO. 20985**

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